



Application No. (if known): 10/002,854

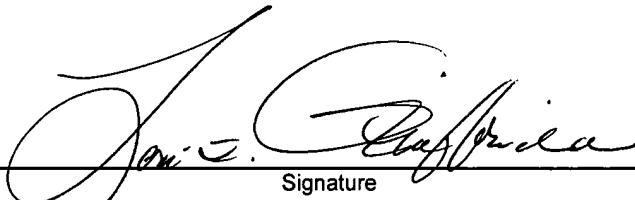
Attorney Docket No.: 62053CIP(51588)

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A handwritten signature in black ink, appearing to read "Lori Giuffrida".

Signature

Lori Giuffrida  
Typed or printed name of person signing Certificate

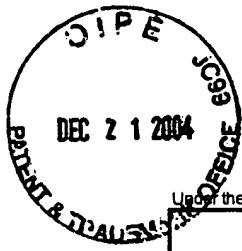
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IDS (Citation) by Applicant (5 References) (1 page)  
Information Disclosure Statement  
Transmittal



12-22-04

16514  
JW  
PTO/SB/21 (09-04)

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/002,854-Conf. #3669
		Filing Date	November 1, 2001
		First Named Inventor	Mark C. Poznansky
		Art Unit	1651
		Examiner Name	L. B. Lankford
Total Number of Pages in This Submission	1	Attorney Docket Number	62053CIP(51588)

### ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Receipt Postcard
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	EDWARDS & ANGELL, LLP		
Signature			
Printed name	Amy M. Leahy		
Date	December 21, 2004	Reg. No.	47,739

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Dated: December 21, 2004

Signature: (Lori Giuffrida)

**FEE TRANSMITTAL**  
**For FY 2005**

(Reflects USPTO filing fees in effect from 12/08/04)

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 180.00)

**Complete if Known**

Application Number	10/002,854-Conf. #3669
Filing Date	November 1, 2001
First Named Inventor	Mark C. Poznansky
Examiner Name	L. B. Lankford
Art Unit	1651
Attorney Docket No.	62053CIP(51588)

<b>METHOD OF PAYMENT</b> (check all that apply)				<b>FEES CALCULATION</b> (continued)			
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input checked="" type="checkbox"/> Deposit Account	<input type="checkbox"/> None	2. EXTRA CLAIM FEES		
Deposit Account Number 04-1105		Deposit Account Name Edwards & Angell, LLP		<b>Fee Description</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	
The Director is hereby authorized to: (check all that apply)				Each claim over 20	50	25	
<input checked="" type="checkbox"/> Charge fee(s) indicated below				Each independent claim over 3	200	100	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee				Multiple dependent claims	360	180	
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17				For Reissues, each claim over 20 and more than in the original patent	50	25	
<input checked="" type="checkbox"/> Credit any overpayments				For Reissues, each independent claim more than in the original patent	200	100	
to the above-identified deposit account.				Total Claims - 20 = _____ x _____ = _____			
<input type="checkbox"/> Other (please identify): _____				Indep. Claims - 3 = _____ x _____ = _____			
3. OTHER FEES							
<b>Fee Description</b>				<b>Fee Description</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee Paid</b>
Utility Filing Fee 300 150 _____				1-month extension of time	120	60	_____
Design/Design CPA Filing Fee 200 100 _____				2-month extension of time	450	225	_____
Plant Filing Fee 200 100 _____				3-month extension of time	1020	510	_____
Reissue Filing Fee 300 150 _____				4-month extension of time	1,590	795	_____
Provisional Filing Fee 200 100 _____				5-month extension of time	2,160	1,080	_____
4. ADDITIONAL FILING FEES							
Utility Search Fee 500 250 _____				Information disclosure stmt. fee	180	180	180.00
Design Search Fee 100 50 _____				37 CFR 1.17(q) processing fee	50	50	_____
Plant Search Fee 300 150 _____				Non-English specification	130	130	_____
Reissue Search Fee 500 250 _____				Notice of Appeal	500	250	_____
Utility Examination Fee 200 100 _____				Filing a brief in support of appeal	500	250	_____
Design Examination Fee 130 65 _____				Request for oral hearing	1,000	500	_____
Plant Examination Fee 160 80 _____				Other:	Subtotal (3) \$ 180.00		
Reissue Examination Fee 600 300 _____				Subtotal (1) and (1a.) \$ 0.00			
Application Size Fee, each add'l 150 sheets > 100 sheets 250 125 _____							

SUBMITTED BY			
Signature	<i>Amy Leahy</i>		Registration No. (Attorney/Agent) 47,739
Name (Print/Type)	Amy M. Leahy		Telephone (203) 353-6817
			Date December 21, 2004

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Dated: December 21, 2004

Signature: *John Giuffrida* (John Giuffrida)